09497

09485 203

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ~~[illegible]~~

1. PLACE OF DEATH: COUNTY Kent MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall X

LENGTH OF STAY (in this place) 1 week

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rock Hall X

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Georgia (Middle) LEE (Last) ANGRAM

4. DATE OF DEATH (Month) Oct (Day) 18 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: Oct 9 - 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: None —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wesley Angram

14. MOTHER'S MAIDEN NAME: Eunice Catherine Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: non

17. INFORMANT & ADDRESS: Eunice Angram, Rock Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

7620

Immediate cause (a) unknown but probably natural. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) possibly ~~[illegible]~~ cause asphyxiated DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: unknown

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-18-54

23. BURIAL, CREMATION, REMOVAL: (Specify): Brial

DATE THEREOF Oct. 18, 1954

NAME OF CEMETERY OR CREMATORY James Cemetery

LOCATION (City, town, or county) Chestertown, Md. (State)

DATE REC'D BY LOCAL REG. Oct 18.54

REGISTRAR'S SIGNATURE S. Elwood Burgess

24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md ADDRESS

2004203436

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
OCT 27 1954
BUREAU V. S.

MARYLAND 09490

09486

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 37
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen Annes Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) Marcellus (Last) Ashley

4. DATE OF DEATH (Month) October (Day) 26 (Year) 1954

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Oct 25 1954

9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 16 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Kennard Ashley

14. MOTHER'S MAIDEN NAME Mildred Flora Lena Jeffers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mother. Millington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 16 hours.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1954, to Oct 26, 1954, that I last saw the deceased alive on Oct 25, 1954, and that death occurred at 4:45 A.m., from the causes and on the date stated above.

SIGNATURE Geo Kowlewski (Degree or title) M.D. ADDRESS Millington DATE SIGNED 10.26.54

23. BURIAL, CREMATION REMOVAL (Specify) DATE 10/26/54 NAME OF CEMETERY OR CREMATORY Pondtown LOCATION (City, town, or county) Pondtown (State) Md.

DATE REC'D BY LOCAL REG. Oct. 26-1954 REGISTRAR'S SIGNATURE Clara S. Barnes,

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

2004232250

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09487

09491 **CERTIFICATE OF DEATH** Reg. Dist. No. 2025

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Chestertown
LENGTH OF STAY (in this place) 37
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kentown Queen Anns 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lynch
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Joseph (Middle) (Last) Culley

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-18-67

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Culley

14. MOTHER'S MAIDEN NAME: Mary McGee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hosp. records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac decompensation — Interval between onset and death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteriosclerosis — 15 years?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1954, to 10-13, 1954, that I last saw the deceased alive on 10-13, 1954, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

G. E. Sick, M.D. Chestertown, Md 10-14-54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial

DATE THEREOF Oct. 16, 1954

NAME OF CEMETERY OR CREMATORY Still Pond Cemetery

LOCATION (City, town, or county) (State) Still Pond, Md.

DATE REC'D BY LOCAL REG. Oct 15-1954

REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR B. R. Fallows ADDRESS Still Pond, Md.

RECEIVED
OCT 18 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09492 09488

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37
LENGTH OF STAY (In this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cannon St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37
STREET ADDRESS (If rural give location) Cannon St.

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Dolby (Last) Flowers

4. DATE OF DEATH: (Month) Oct. (Day) I5, (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: Feb. 3, I877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Captian river boats

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dorchester C. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A Flowers

14. MOTHER'S MAIDEN NAME: Mary A. Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 2I8-I6-6846

17. INFORMANT & ADDRESS: Otis Flowers Chestertown, Md. (son)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 18d.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Gen. arteriosclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Metabolic failure

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28, 1954, to 10-15, 1954, that I last saw the deceased alive on 10-15, 1954, and that death occurred at 6 P. M, from the causes and on the date stated above.

SIGNATURE R. M. Atkins M. D. ADDRESS Chestertown DATE SIGNED 10-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. I7, I954 — NAME OF CEMETERY OR CREMATORY Chester Cem. — LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 16, 1954 — REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells- Chestertown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 18 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9489)

09498

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Kent, MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Fairlee
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairlee
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Isabell (Last) Gleaves

4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 1954

5. SEX: Fem. | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow | 8. DATE OF BIRTH: Mar. 18 1863 | 9. AGE last birthday: 91 yrs. | IF UNDER 1 YEAR: Months 6, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Upholsterer | 10b. KIND OF BUSINESS OR INDUSTRY: Housework | 11. BIRTHPLACE (State or foreign country): Worton Point | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Chambers | 14. MOTHER'S MAIDEN NAME: Ellen Comegys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Amanda Miller (Fairlee, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953, to Oct 13., 1954, that I last saw the deceased alive on Oct 10, 1954, and that death occurred at 11 30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard F. Smith MD | ADDRESS: Rock Hall | DATE SIGNED: Oct. 13, 54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Oct. 16/54 | NAME OF CEMETERY OR CREMATORY: Mt Pleasant | LOCATION (City, town, or county): Fairlee (State): Md

DATE REC'D BY LOCAL REGISTRAR: Oct. 15, 1954 | REGISTRAR'S SIGNATURE: Clara S. Barnes 10-26-54

24. FUNERAL DIRECTOR: J. B. Johnson | ADDRESS: Annapolis Md

VS. A15

RECEIVED
OCT. 28 1954
BUREAU V. S.

09493

09491 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Evergreen Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Owen	D.	Kelly	Oct.	30	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	April 1 1903	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Boat Motor	Rock Hall Kent Co. Md.	U.S.A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry S. Kelly	Ida A. Yoke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes W. War II	217-02-5277	Mrs. Julia M. Carter - Rock Hall. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Subdural hemorrhage - DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Blow on top of head - DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 - 16 hours

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY Street	21c. (City or town) Rock Hall (County) Kent (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10 29 54 ? M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? unknown

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert W. Farr M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11/3/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 1 1954	Wesley Chapel Cemetery	Rock Hall, Kent Co. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 1 - 1954	Sara S. Barnes	Marvin V. Williams - Chestertown	Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

09492

09499

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WORTON
LENGTH OF STAY (in this place): LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WORTON
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) WEBSTER (Last) MARTIN

4. DATE OF DEATH: (Month) OCT. (Day) 21 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): MARRIED

8. DATE OF BIRTH: JULY 3 1877

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM LABORER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALEC MARTIN

14. MOTHER'S MAIDEN NAME: CLARA PHILLIPS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: ANNIE MARTIN WORTON RURAL MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset and Death: 10 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1954, to Oct 21, 1954, that I last saw the deceased alive on Oct 20, 1954, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. O. Atwell M.D. ADDRESS: Still Pond DATE SIGNED: Oct 23-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: OCT. 24 1954
NAME OF CEMETERY OR CREMATORY: COLEMANS CEMETERY
LOCATION (City, town, or county) (State): WORTON MD.

DATE REC'D BY LOCAL REG.: 10/24/1954
REGISTRAR'S SIGNATURE: E Kennard Jones
24. FUNERAL DIRECTOR: B. R. Fellows ADDRESS: STILL POND, MD.

VS. A15

OCT
BUREAU V. S.

09493

09500

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) EVA (Middle) PORTER (Last) MARVEL
4. DATE OF DEATH (Month) Oct. (Day) 3 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 27, 1884
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nathaniel Clough
14. MOTHER'S MAIDEN NAME Anna Duling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Millard C. Porter, Millington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis — Pulmonal embolus

(c) Aneurysma of the aorta and carotid at 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — Arthritis — Myodegeneration of heart

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1953, to Oct 3, 1954, that I last saw the deceased alive on Oct. 2, 1954, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE Ilja Kowalewski M.D. (Degree or title) ADDRESS Millington DATE SIGNED 10.4.54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 6, 1954
NAME OF CEMETERY OR CREMATORY Millington Cem.
LOCATION (City, town, or county) (State) Millington Kent Co. Md.

DATE REC'D BY LOCAL REG. Oct. 4, 1954
REGISTRAR'S SIGNATURE Edward Fellows
24. FUNERAL DIRECTOR Edward Fellows, ADDRESS Millington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DONATO V. S.

09494

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09494

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown RURAL 37 LENGTH OF STAY (in this place) 1 MON 16
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cannon St. Chestertown, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Sarah (Middle) D. (Last) Pfeffer
4. DATE OF DEATH: (Month) Oct. (Day) I, (Year) 19[illegible]

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Sept. II, I[illegible]7
9. AGE last birthday: [illegible]7 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Kirby
14. MOTHER'S MAIDEN NAME: Hester ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Herman [illegible] (Son) Chestertown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 931X	(A) Circulatory collapse	14 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Cerebral hemorrhage	30 days
	(C) DUE TO Arteriosclerosis	Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1954 to 10-10, 1954, that I last saw the deceased alive on 10-10, 1954, and that death occurred at 6 P. M, from the causes and on the date stated above.
SIGNATURE A. C. Sick M. D. ADDRESS Chestertown, Md. DATE SIGNED 10-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. I[illegible], 1954
NAME OF CEMETERY OR CREMATORY Chester Cem.
LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 11-1954
REGISTRAR'S SIGNATURE Ciara L. Barnes
24. FUNERAL DIRECTOR J. [illegible] Ellis - Chestertown, Md. ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT 13 1.4
BUREAU U. S.

MARYLAND 09495

09495

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 202

M

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ~~ANN~~ SARAH (Middle) ANN (Last) ROBINSON

4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 1954

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Feb. 9, 1885

9. AGE last birthday 69 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Harrington, Del.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm. C. Quillen

14. MOTHER'S MAIDEN NAME Sara F. Cain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No. ? NO

17. INFORMANT AND ADDRESS Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

C 23X

Immediate cause (a) Generalized Metabolic Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to Anemia

(c)

INTERVAL BETWEEN ONSET AND DEATH: approx 6 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1954 to 19 Oct., 1954, that I last saw the deceased alive on 10-19, 1954, and that death occurred at 6.45 P. m., from the causes and on the date stated above.

SIGNATURE R. M. Atkins, (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 10-19-54

23. BURIAL, CREMATION REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Oct. 20-1954 REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS [illegible] Wells - Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09496

09501

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DELLA (Middle) (Last) SCOTT

4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Aug. 17, 1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Merritt Adams
14. MOTHER'S MAIDEN NAME: Maggie Daniels

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 222-12-4186
17. INFORMANT & ADDRESS: Alberta Johnson Millington Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute heart failure — Interval Between Onset And Death: Suddenly

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Myodegeneration of the heart — For years

DUE TO (c) Hypertension — For years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1954, to 10.5, 1954, that I last saw the deceased alive on 10.5, 1954, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Millington DATE SIGNED 10.25.54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 26 1954
NAME OF CEMETERY OR CREMATORY Chesterville Cem.
LOCATION (City, town, or county) Rural Millington (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 25, 1954
REGISTRAR'S SIGNATURE Edward Fellows
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09497

09496

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown — LENGTH OF STAY (in this place) 27 — HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kennedyville — STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) Chrisfield (Last) Scotten

4. DATE OF DEATH: (Month) Oct. (Day) 23, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: May 30, 1884

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Lewin Chrisfield

14. MOTHER'S MAIDEN NAME: Annie Slagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS Harry Scotten Kennedyville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

ANTECEDENT CAUSE (B) DUE TO Congestive Heart Failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23, 1954 to 10-23, 1954 that I last saw the deceased alive on 10-23, 1954, and that death occurred at 6 45 P.M., from the causes and on the date stated above.

SIGNATURE R. M. Atkins, M.D. — ADDRESS Chestertown — DATE SIGNED 10-25-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 27, 1954 — NAME OF CEMETERY OR CREMATORY Chester Cemetery — LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 26-1954 — REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR J. Ellis Wells — ADDRESS Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09498

09502 **CERTIFICATE OF DEATH** Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 1, Box 7

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural give location) Rt 1, Box 7

3. NAME OF DECEASED: (First) Daniel (Middle) Randolph (Last) Sisco
4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Co	Married	7/26/13	41 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Factory	Maryland	USA

13. FATHER'S NAME: William Sisco
14. MOTHER'S MAIDEN NAME: Ida G. Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—		213-10-7897	Mozella Sisco

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Coronary Thrombosis — 4 days
DUE TO
ANTECEDENT CAUSE (B) Arteriosclerotic heart disease — years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Obesity, hypertension — years

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1954 to Oct 16., 1954 that I last saw the deceased alive on Oct 16, 1954, and that death occurred at 5:30 AM, from the causes and on the date stated above.

SIGNATURE Willard F. Smith MD M. D. ADDRESS Rock Hall, Md DATE SIGNED 10/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/20/54	Shorptown Cem.	Rock Hall Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/20/54	S. Elwood Burgess	James B. Dashiell	Easton, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09499

09503

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Worton X
LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Red Acres Farm. X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Worton
STREET ADDRESS (If rural, give location): Red. Acres. Farm.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Harry Thomas Williams
4. DATE OF DEATH (Month) (Day) (Year): Oct. 10 1954

5. SEX: Male.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Nov. 26 1879
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming.
11. BIRTHPLACE (State or foreign country): Worton Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Thomas Williams
14. MOTHER'S MAIDEN NAME: Mathilda Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None.
17. INFORMANT AND ADDRESS: Mrs. Harry T. Williams - Worton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

352X

Immediate cause (a) Paralysis 2nd Stroke — Feb 10th

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paralysis — July 1954

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1954, to Feb., 1954, that I last saw the deceased alive on Oct 10th 1954, and that death occurred at 2 P.m., from the causes and on the date stated above.

SIGNATURE: L. P. Atwell (Degree or title) M.D. — ADDRESS: Still Pond — DATE SIGNED: Oct 11th 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Oct. 13, 1954
NAME OF CEMETERY OR CREMATORY: Chester Cemetery
LOCATION (City, town, or county) (State): Chesterton Maryland

DATE REC'D BY LOCAL REG.: Oct. 12-1954
REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chesterton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 14 1954
BUREAU V. S.